



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400024

CITY OR TOWN BREWSTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BREWSTER PIZZA HOUSE LLC

DOING BUSINESS AS BREWSTER PIZZA HOUSE

ADDRESS 2655 MAIN STREET

CITY/TOWN: BREWSTER

STATE: MA

ZIP CODE: 02631

MANAGER: TSIAREAS, MARIA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH PIZZA/SANDWICH KITCHEN, SITDOWN SERVICE AT 16 TABLES WITH BAR AREA, TWO ENTRANCES/EXITS ON WEST SIDE OF BLDG. ONE ENT/EXIT ON NORTH SIDE, ONE ENT/EXIT ON EAST SIDE, FOUR BATHROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

---

---

---

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400034

CITY OR TOWN BREWSTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAPE COD NATIONAL GOLF CLUB, LLC

DOING BUSINESS AS CAPE COD NATIONAL GOLF CLUB

ADDRESS 174 SOUTH ORLEANS RD

CITY/TOWN: BREWSTER

STATE: MA

ZIP CODE: 02631

MANAGER: WALKER,  
MICHAEL S.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

3 STORY CLUBHOUSE, MIDDLE FLOOR CONSISTING OF MENS AND WOMEN'S LOCKER ROOMS, SHOWERS, RESTROOMS, LOBBY, DINING ROOM, KITCHEN, SERVICE BAR AND 4 EXITS. BOTTOM FLOOR CONSISTS OF GOLF PRO SHOP, OFFICE SPACE, STORAGE, 4 RESTROOMS AND 3 EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400037

CITY OR TOWN BREWSTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FISHACK CORPORATION

DOING BUSINESS AS J.T'S SEAFOOD RESTAURANT

ADDRESS 2689 MAIN ST

CITY/TOWN: BREWSTER

STATE: MA

ZIP CODE: 02631

MANAGER: NOYES, GEORGE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

S.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DINING ROOM, RESTROOMS AT REAR OF LOBBY, ONE ENTRANCE AND EXIT AT FRONT OF LOBBY; ONE AT REAR, EXIT AT REAR OF DINING ROOM ONE EXIT IN KITCHEN; STORAGE AREA IN BASEMENT, DECK AT REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400051

CITY OR TOWN BREWSTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FULL CIRCLE CONCEPTS LLC

DOING BUSINESS AS EL GUAPOS TAQUERIA

ADDRESS 239 UNDERPASS ROAD

CITY/TOWN: BREWSTER

STATE: MA

ZIP CODE: 02631

MANAGER: PARKER, KYLE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CASUAL 35 SEAT MEXICAN RESTAURANT...PRIMARY TAKEOUT WITH PICNIC TABLES AND HIGH  
TOP TABLES INDOORS...SHARED ENTRANCE/EXIT/DRIVEWAY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

---

---

---

---

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400053

CITY OR TOWN **BREWSTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **BREAKWATER LOBSTER & FISH MARKET, INC.**

DOING BUSINESS AS **BREAKWATER FISH & LOBSTER**

ADDRESS **235 UNDERPASS ROAS**

CITY/TOWN: **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **COLLIAS, CURTIS** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS**

**DESCRIPTION OF LICENSED PREMISES:**

**1025 SQ. FT. FISH MARKET SERVING AREA IS ON PICNIC TABLES THAT WILL BE SURROUNDED BY A 4' FENCE W /GARE. BEER & WINE WILL BE PURCHASED AT A SERVICE WINDOW LOCATED INSIDE FENCED IN AREA. NO ALCOHOL WILL BE SERVED INSIDE THE MARKET. THERE IS ONE MAIN ENTRANCE/ EXIT FOR THE PUBLIC. THERE IS A LOADING DOCK ENT/EXIT FOR EMPLOYEES AND DELIVERIES.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

---

---

---

DATE:

